



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name G.H. Metals				Location Oswego Street UTKA N.Y.		Date 12/26/80							
Facility Equipment N/A	Detox Clock N/A	Weapon No. N/A	Holster N/A	Nightstick N/A	Raincoat 1	Flashlight 1	Other								
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) Felix, Kenneth C.			Officer—Swing Shift (Name) Off. Del Vecchio			Officer—Grave Shift (Name) Power, Timothy J						
Shift			Shift			Shift			Shift						
Began 8 AM-PM Ended 4 AM-PM			Began 8 AM-PM Ended 4 AM-PM			Began 12M AM-PM Ended 8:00 AM-PM			Began 12M AM-PM Ended 8:00 AM-PM						
Observations or actions taken	Yes	No	Explanation			Yes	No	Explanation			Yes	No	Explanation		
Rounds or stations missed		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
Unlocked vaults or safes		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
Fire-smoke-or hazards		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
2. Sprinkler system defective		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
4. Rubbish accumulation		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
5. Motors running		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
6. Lights left burning		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
Injury hazards		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
Visitors		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
Trespassing		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
Violation of company rules		<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			
Remarks Made visual check every hour along fence and building OK (TP) 12 AM to 8 AM Checked premises, all secure - (T.H.) 8 AM to 4 PM, MADE visual check every hour, Large hole in fence on Oswego St. (M.O.)															
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.															
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.			
	Yes <input checked="" type="checkbox"/>	Yes	No	Yes	Yes <input checked="" type="checkbox"/>	Yes	No	Yes	Yes <input checked="" type="checkbox"/>	Yes	No	Yes			
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/>	Yes	No	Yes	Yes <input checked="" type="checkbox"/>	Yes	No	Yes	Yes <input checked="" type="checkbox"/>	Yes	No	Yes			
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/>	Yes	No	Yes	Yes <input checked="" type="checkbox"/>	Yes	No	Yes	Yes <input checked="" type="checkbox"/>	Yes	No	Yes			
Signatures	Kenneth Felix				Off. Del Vecchio				Timothy Power						
Signatures	2.				2.				2.						
Signatures	3.				3.				3.						

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